

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10678298** FILING DATE **10-3-03**  
 APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51		3						
2		1					52		3						
3		1					53		4						
4		1					54		4						
5		1					55		4						
6		2					56		4						
7		2					57		4						
8		1					58		4						
9		1					59		4						
10		1					60		4						
11		1					61		4						
12		1					62		4						
13		1					63								
14		1					64								
15		2					65								
16		2					66								
17		2					67								
18		2					68								
19		1					69								
20		1					70								
21		1					71								
22		2					72								
23		2					73								
24		1					74								
25		1					75								
26		2					76								
27	1						77								
28		1					78								
29		1					79								
30		1					80								
31		1					81								
32		1					82								
33		1					83								
34		1					84								
35		1					85								
36	1						86								
37		1					87								
38	1						88								
39		1					89								
40		1					90								
41		1					91								
42		1					92								
43		1					93								
44		1					94								
45		1					95								
46		1					96								
47	1						97								
48		1					98								
49		3					99								
50		3					100								
TOTAL IND.	5						TOTAL IND.								
TOTAL DEP.	58						TOTAL DEP.	46							
TOTAL CLAIMS	63						TOTAL CLAIMS	46							

*total 109*